PROPOSED PARENTAL RESPONSIBILITY PLAN

JD-FM-199 New 10-05
P.A. 05-258

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.state.ct.us

INSTRUCTIONS

If there is a dispute in Superior Court between the parents as to the child(ren)'s custody, care, education and upbringing, this form must be completed and filed with the court on or before the case management date, if applicable, or, as otherwise ordered by the court. Attach additional sheets if necessary.

JUDICIAL DISTRICT OF	AT *(Town)*	DOCKET NO.
PLAINTIFF'S NAME *(Last, First, Middle Initial)*	DEFENDANT'S NAME *(Last, First, Middle Initial)*	

It is hereby proposed that:

1) The physical residence of the child(ren) will be according to the following schedule:

2) Decision-making regarding the child(ren)'s health, education and religious upbringing will be allocated to the parent(s) as follows:

3) Future disputes between the parents will be resolved in the following manner *(include, where appropriate, the involvement of a mental health professional or other parties to assist in reaching a developmentally appropriate resolution to such disputes):*

4) Failure of either parent to honor his or her responsibilities under the plan will be dealt with in the following manner:

5) The changing needs of the child(ren) as the child(ren) grow and mature will be dealt with in the following manner:

6) Other:

The child(ren)'s exposure to harmful parental conflict will be minimized; the parents will, in appropriate circumstances, meet their responsibilities through agreements; and both parents will protect the best interests of the child(ren).

SIGNATURE OF PARTY X	DATE SIGNED	SIGNATURE OF ATTORNEY *(if applicable)* X	DATE SIGNED
I hereby certify that a copy was mailed/delivered to all counsel and pro se parties of record on:	DATE	SIGNED *(Attorney or pro se party)*	TELEPHONE NO. *(Area code first)*
NAME OF EACH PARTY SERVED *		ADDRESS AT WHICH SERVICE WAS MADE	

* If necessary, attach additional sheet with names of each party served and the address at which service was made.